GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 3, 2021

Jill Long
14077 Stone Jug Rd
Battle Creek, MI 49015

RE: License #: AS130397946
Investigation #: 2021A0466041
Kerak

Dear Mrs. Long:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS130397946
Investigation #:	2021A0466041
Complaint Receipt Date:	08/04/2021
Investigation Initiation Date:	08/05/2021
Report Due Date:	10/03/2021
Licensee Name:	Jill Long
Licensee Address:	14077 Stone Jug Rd Battle Creek, MI 49015
Licensee Telephone #:	(269) 565-3109
Administrator:	Dwayne Long
Licensee Designee:	N/A
Name of Facility:	Kerak
Facility Address:	14077 Stone Jug Rd. Battle Creek, MI 49015
Facility Telephone #:	(269) 565-3109
Original Issuance Date:	09/23/2019
License **Status:**	REGULAR
Effective Date:	03/23/2020
Expiration Date:	03/22/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

	TRAUMATICALLY BRAIN INJURED

II. ALLEGATIONS;

	Violation Established?
The facility is hiring direct care workers and not providing them any of the required training/clearances.	Yes
Resident A's bedroom was renovated and is not finished.	Yes
Resident A has head lice.	No

III. METHODOLOGY

08/04/2021	Special Investigation Intake-2021A0466041.
08/05/2021	Special Investigation Initiated - Face to Face.
09/22/2021	Contact - Telephone call made to DCW Trista Smith, interviewed.
9/22/2021	Contact - Telephone call made to DCW Emily Shepherd, interviewed.
9/22/2021	Contact - Telephone call made to DCW Trinity Renya, interviewed.
9/22/2021	Contact - Telephone call made to DCW Autum Knapp.
9/22/2021	Contact – Document Sent to Autum Knapp, documents requested.
09/23/2021	Contact- Document received from Autum Knapp, no documents attached.
09/27/2021	Contact – Document Sent to Autum Knapp, documents requested.
09/28/2021	Contact – Document Sent to Autum Knapp, requested documents again.
09/29/2021	Contact- Document received from Autum Knapp, no documents attached, reported that she would send the documents by 9/30/2021.
09/30/2021	Contact – Document Sent to Autum Knapp, informed her that I never recevied any documents from her.
10/01/2021	Exit Conference with Jill Long, message left.

ALLEGATION: The facility is hiring direct care workers and not providing any of the required training/clearances.

INVESTIGATION:
On 08/04/2021, Complainant reported that licensee Jill Long had to back off from running the facility and left the responsibility to another direct care worker (DCW) named Autum Knapp. Complainant reported that Autumn Knapp is responsible for the hiring and firing of DCWs and it has not been going very well. Complainant reported Autum Knapp is "hiring people off the street" who have no training nor have those individuals completed the fingerprint screening process. Complainant reported DCWs do not receive any training when hired so DCWs are passing medications and handling narcotics with no training. Complainant reported DCW Autum Knapp has been out all this week and will not answer the number she left for DCWs to call with questions. Complainant reported DCW Autum Knapp also will not answer any text messages so DCWs are left in the dark on how to run the facility.

On 08/05/2021, I conducted an unannounced investigation and I interviewed DCW Carol Amaro who reported that she has worked at the facility for about a month and was trained by shadowing other DCWs for three days. DCW Amaro reported licensee Jill Long and administrator Dwayne Long have not been available due to a death in the family, so they put DCW Autum Knapp in charge. DCW Amaro reported she could not provide me with any way to contact licensee Jill Long or administrator Dwayne Long. DCW Amaro reported licensee Jill Long and administrator Dwayne Long live in a house on the property but that they are not there now due to the death in the family. DCW Amaro reported she is a certified nurse aid (CNA) and was trained at the facility by shadowing other DCWs on how to pass medications. DCW Amaro reported that she was not trained by DCW Autum Knapp as she is not a DCW, rather she was trained by other DCWs that work the floor by shadowing them for three days. DCW Amaro reported that between the training that she recevied at the facility and her training as a CNA she feels that she is able to perform the duties that she has been assigned. DCW Amaro reported that she was fingerprinted but she could not recall when that was done. DCW Amaro reported that if she has a question, she is able to reach Autum Knapp by phone and reported that she does answer it. DCW Amaro reported that aside from when she was training or if she is training someone else, she is scheduled to work alone as the facility staffs one DCW per shift.

On 08/05/2021, I interviewed Resident B who reported that neither licensee Jill Long nor administrator Dwayne Long have been in the facility in a long time. Resident B reported that Autum Knapp is currently in charge and she has not seen her at the facility recently either. Resident B reported that the DCWs are not well trained and that they do not know what they are doing. Resident B did not provide any examples of times when direct care staff did not know how to complete their tasks.

On 09/22/2021, I interviewed DCW Trista Smith who reported that she was hired about three months ago and that licensee Jill Long hired her. DCW Smith reported that she shadowed a DCW for three days and learned how to transfer residents, pass medications and how to perform resident care. DCW Smith reported that she felt well trained to perform the duties that she was assigned. DCW Smith reported being fingerprinted but could not provide a date or time frame for when that was completed.

On 09/22/2021, I interviewed DCW Emily Shepherd who reported that she had worked for the facility for about a year but reported that she is no longer a current employee. DCW Shepherd reported that she was trained as a medication passer and how to meet the need of the residents. DCW Shepherd reported that she was trained by the manager who was Naomi Crandel at the time. DCW Shepherd reported that she felt she was trained and able to perform the job duties she was assigned. DCW Shepherd reported that when Naomi Crandel left, Autum Knapp replaced her. DCW Shepherd reported that she is able to access Autum Knapp by cell phone if needed. DCW Shepherd reported that she was fingerprinted but she could not remember the date.

On 09/22/2021, I interviewed DCW Trinity Renya who reported that she started to work at the facility five months ago and that she was fingerprinted five months ago. DCW Renya reported that she was trained by licensee Jill Long and Naomi Crandel. DCW Renya reported that she felt that she was properly trained to care for the residents but that she was not equipped to cover different shifts as she was never trained on the expectations or what happens on the different shifts. DCW Renya reported that due to having low staff and high turn over there are new staff training new staff. DCW Renya reported that all DCWs are trained on medication passing as the DCWs work alone on shift. DCW Renya reported that Autum Knapp does not train the DCWs, other DCWs train them.

On 09/22/2021, I interviewed Autum Knapp who reported that she has been in-charge of the facility since May 2021. Autum Knapp reported that she became the administrator of the facility in February 2021 with no intention of working as a DCW but reported that she has had to work as a DCW because they are short staffed. Autum Knapp reported that when she is available by cell phone if she is not at the facility when DCW had questions. Autum Knapp reported that she does not train the DCWs, they shadow other DCWs but that she is responsible for the paperwork for the employee records.

On 10/01/2021, I reviewed employee records for DCW/administrator Autum Knapp, DCW Caitlin Rowell, DCW Emily Shepherd, DCW Carol Amaro, DCW Jonna Dzioba and DCW Trinity Reyna. The following deficiencies were found:

- Autum Knapp’s employee record did not contain any documentation of direct care training.

- DCW Caitlin Rowell's employee record did not contain any documentation that she had completed first aid and Cardiopulmonary resuscitation (CPR) training.
- DCW Carol Amaro's employee record documented that she started working at the facility on 07/20/2021 but was not fingerprinted until 08/31/2021.
- DCW Jonna Dzioba's employee record did not contain any training records nor fingerprints.
- DCW Trinity Renya's employee record contained a medication training that was dated 09/30/2021 and her date of hire was 02/22/2021.

APPLICABLE RULE	
R 400.14204	**Direct care staff; qualifications and training.**
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases.**
ANALYSIS:	Complainant reported that the facility is hiring direct care workers and not providing them with any training. Autum Knapp reported that she has been working as a DCW for the past month however her employee record did not contain any documentation that she was competent in the above areas prior to the assumption of her duties as a direct care worker. DCW Jonna Dzioba's employee records did not contain any documentation that she was competent in the above areas prior to the assumption of her duties as a direct care worker. DCW Trinity Renya's employee record documented that her hire date was 02/22/2021 however her training was not completed until 9/30/2021 therefore she was not competent in the above areas prior to the assumption of her duties as a direct care worker.

	DCW Carol Amaro's date of hire was 07/02/2021, however training was conducted on 7/20/2021 therefore she was not competent in the above areas prior to the assumption of her duties as a direct care worker. DCW Caitlin Rowell's employee record did not contain any documentation that she had completed first aid and Cardiopulmonary resuscitation (CPR) training therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: **(a) Be trained in the proper handling and administration of medication.**
ANALYSIS:	I reviewed employee records for Autum Knapp, DCW Caitlin Rowell and DCW Jonna Dzioba. None of the employee records contained documentation that they were trained in the proper handling and administration of medication. DCW Trinity Reyna's medication training was dated 09/30/2021 even though her hire date was 02/22/2021, almost seven months after her assumption of duties as a direct care worker passing medications. DCW Carol Amaro's date of hire was 07/02/2021, however her medication passing training was conducted on 7/20/2021, 18 days after her assumption of duties as a direct care worker who was passing medication. Each direct care worker works on shift alone and therefore has to be competent in the administration of medications therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
MCL 400.734b	**Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**
	(5) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), if the individual has applied for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency, the adult foster care facility or staffing agency that has made a good faith offer of employment or independent contract shall comply with subsection (4) and shall make a request to the department of state police to forward the individual's fingerprints to the federal bureau of investigation. The department of state police shall request the federal bureau of investigation to make a determination of the existence of any national criminal history pertaining to the individual. An individual described in this subsection shall provide the department of state police with a set of fingerprints. The department of state police shall complete the criminal history check under subsection (4) and, except as otherwise provided in this subsection, provide the results of its determination under subsection (4) and the results of the federal bureau of investigation determination to the department within 30 days after the request is made. If the requesting adult foster care facility or staffing agency is not a state department or agency and if criminal history record information is disclosed on the written report of the criminal history check or the federal bureau of investigation determination that resulted in a conviction, the department shall notify the adult foster care facility or staffing agency 10 and the individual in writing of the type of crime disclosed on the written report of the criminal history check or the federal bureau of investigation determination without disclosing the details of the crime. The notification shall inform the adult foster care facility or staffing agency and the applicant regarding the appeal process in section 34c and shall include a statement that the individual has a right to appeal the information relied upon by the adult foster care facility or staffing agency in making its decision regarding his or her employment eligibility based on the criminal history check. Any charges imposed by the

	department of state police or the federal bureau of investigation for conducting a criminal history check or making a determination under this subsection shall be paid in the manner required under subsection (4).
ANALYSIS:	DCW Amaro's employee record documented that she started working at the facility on 07/06/2021 but was not fingerprinted until 08/31/2021. DCW Amaro works alone on shift and she was alone on shift when I conducted an unannounced investigation on 08/05/2021, therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident A's bedroom was renovated but is not finished.

INVESTIGATION:
On 08/04/2021, Complainant indicated that the facility has been very chaotic and a mess. Complainant reported that the floor of Resident A's room is not sealed and there are areas that are open/unfinished. Complainant reported that one wall of the bedroom is also not finished.

On 08/05/2021, I observed the Resident A's bedroom which has a rustic look and feel to it. The floor was wood and may not have been sealed but was not a trip or safety hazard. The wall next to Resident A's bed was unfinished and contained exposed untreated wood without drywall or plaster on the wall. The other three walls in the room are finished, not showing any exposed wood and contain both drywall and plaster.

On 08/05/2021, at the time of the unannounced investigation, Resident A was not at the facility therefore she could not be interviewed.

On 08/05/2021, I interviewed Resident B, Resident A's roommate who reported that one wall the in the bedroom is not finished and that everyone can hear everything through it which does not provide them any privacy. Resident A reported that the wood on the wall by Resident A's bed is exposed and unfinished.

On 08/05/2021, DCW Amaro reported that Resident A's bedroom is not under construction. DCW Amaro reported that the room was built the way it was to have a "rustic" look. DCW Amaro did acknowledge that the wood on the wall is exposed and unfinished. DCW Amaro did acknowledge that the wall did not contain drywall or plaster.

On 09/22/2021, I interviewed DCW Smith who reported that Resident A's wall in her room has been unfinished since June 2021. DCW Smith was of the belief that the wall would eventually be finished but she does not have any anticipated date, nor

has she seen anyone working on the wall recently. DCW Smith did acknowledge that the wood on the wall is exposed and unfinished. DCW Smith did acknowledge that the wall did not contain drywall or plaster.

On 09/22/2021, DCW Shepherd reported that she was of the understanding that although Resident A's wall is not finished that the room has the distressed/vintage look, so she is not sure if there are plans to finish the wall. DCW Shepherd did report that the wall does show exposed unfinished wood that is without drywall or plaster.

On 09/22/2021, DCW Reyna reported that Resident A's wall is not finished and is without drywall or plaster but that the look for the room was rustic. DCW Renya reported that the plan was never for the exposed wood to be stained. DCW Renya did report that that the wood on the wall is exposed and unfinished. DCW Renya did acknowledge that the wall does not contain drywall or plaster.

On 09/22/2021, Autum Knapp reported that Resident A's room does contain unfinished natural wood floors. Autum Knapp reported that the wall in Resident A's room us rustic and although you can see the posts and studs there is no plan to change it because all of the wires and electricity is hidden. Autum Knapp did report that the wood on the wall is exposed and unfinished without drywall or plaster. Autum Knapp reported that they were of the understanding that the wall was acceptable the way it is.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	I observed Resident A's bedroom wall to be unfinished with exposed wood and without drywall or plaster. DCW Amaro, DCW Smith, DCW Shepherd, DCW Renya and Autum Knapp all reported that the bedroom wall is unfinished with exposed wood and no drywall or plaster. A violation has been established as walls are required to be finished, easily cleanable and in good repair.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident A has head lice.

INVESTIGATION:

On 08/04/2021, Complainant reported Resident A has head lice.

On 08/05/2021, I conducted an unannounced investigation and Resident A was not home. DCW Amaro reported Resident A had a hair appointment. DCW Amaro

reported that Resident A had been complaining that her head itched and DCW Amaro reported that although Resident A's head was checked for lice, none was found. DCW Amaro reported that Resident A was treated for lice by the facility and was following up with her hairdresser today.

Resident A was not home on 08/05/2021 during the unannounced investigation and therefore she could not be interviewed.

On 09/22/2021, I interviewed DCW Smith, DCW Shepherd, DCW Renya and Autumn Knapp who all reported that Resident A did not have lice. DCW Smith, DCW Shepherd, DCW Renya and Autumn Knapp all reported that the facility treated Resident A for lice because she asked to be treated but that no DCW found any lice in her hair. DCW Smith, DCW Shepherd, DCW Renya and Autumn Knapp reported that Resident A saw her hairdresser on 08/05/2021 and the hairdresser reported that Resident A did not have lice. DCW Smith, DCW Shepherd, DCW Renya and Autumn Knapp reported that at times Resident A does have delusions or hallucinations and that she sees things that are not real. DCW Smith, DCW Shepherd, DCW Renya and Autumn Knapp all reported that no other residents had lice nor did they complain of any head itching.

On 10/01/2021, I reviewed the *Shift Report* which documented that Resident A was complaining of her head itching on 07/26/2021. Later that same day during the 2pm-4am shift, DCW Renya assisted Resident A in a lice treatment on her head.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: **(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.**

ANALYSIS:	Although Complainant reported that Resident A had lice there is not enough evidence to support this allegation. The facility treated Resident A for lice per her request on 07/26/2021. Prior to treating Resident A for lice and while treating her, no lice was found in her hair/head. Additionally, Resident A was seen by her hairdresser on 08/05/2021and the hairdresser did not report that Resident A had lice therefore there is not enough evidence to establish a violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the current license status.

10/01/2021

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Julie Elkins Date
Licensing Consultant

Approved By:

10/03/2021

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Dawn N. Timm Date
Area Manager